Effective January 1, 2003												35		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		0.2		and the state of t		RAT	E	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			minus 20=		• 2		X\$ 9				X\$18=			
INDEPENDENT CLAIMS			Jγ minus 3 =		* !		X42	-		OR		36		
MU	LTIPLE DEPE	NDENT CLAIM P		ESENT				4		OR	X84=	84		
<u> </u>	the difference	<u> </u>	+140	=		OR	+280=							
* If the difference in column 1 is less than zero, ente						xolumn 2	TOTA	IL		OR	TOTAL	840		
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY							
Ė	10 10	(Column 1) CLAIMS		(Colur		(Column 3)	SIVIA		ADDI-	OR 1 I	SWALL	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT	. 77	PREVIO PAID	DUSLY	PRESENT EXTRA	RATI		TIONAL FEE		RATE	TIONAL FEE		
	Total	. 22	Minus	** 2	2	= 0	X\$ 9	=		OR	X\$18=	0		
	Independent	* <u>4</u>	Minus		+	- 0	X42			OR	X84=	0		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+140	=		OR	+280=	0		
								AL EE		OR ,	TOTAL ADDIT, FEE	0		
		(Column 1)		(Colum		(Column 3)				_				
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		-	X\$ 9	-		OR	X\$18=			
	Independent	*	Minus	***		-	X42=			OR	X84=			
	FIRST PRESE	NTATION OF MU	JLIIPLE DEF	ENDENT	CLAIM		+140:			OR	+280=			
Tr. ADDIT.								AL EE		OR	TOTAL ADDIT. FEE	•		
		(Column 1)		(Colun		(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	. T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***			X42=	+			X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╅		OR				
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.										OR	+280=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." **Office they are column 7 is tess than 3. **TOTAL ADDIT. FEE											TOTAL ODIT, FEE			
	he 'Highest Nun	nber Previously Pai	d For" (Total or	Independe	nt) is the	highest number	found in the	appro	priate box	in colu	ımn 1.			

Application or Docket Number